

John D. Pamplin
USCC PCB 7007
Carson City, NV
89702

United States District Court
District of Nevada

John D. Pamplin

Case No. 3:20-cv-00111-MMD-CLB

v/s

C. Lucas

Plaintiffs Motion Opposing Defendants
Summary Judgment Motion

Plaintiffs John David Pamplin, wh Pro Se respectfully
Submits this Opposition to Defendants Motion for Summary
Judgment. This motion is based on the following Memorandum
of Points And Authorities. The attached Exhibits And
Declaration and all Papers and Meadings on file.

Memorandum of Points and Authorities

1. Introduction And Preliminary history

Plaintiff John D. Pamplin currently housed at Whensprings
Correctional Center. In The Complaint Pamplin Sues Multiple
Defendants for the events that took place while Pamplin was
incarcerated at Whensprings Correctional Center. And The Courts
found that Pamplin States a Colorable Eighth Amendment Claim
against Defendant Condis Hamdurr formerly known as
C-Lucas And K. McCullagh. The Court Stated that the
Complaint alleges facts sufficient to show that both

Defendants Candis Rambur And K. McCullah knew that Pamplin had dropped Right hip and Back injuries that caused Pamplin pain when he had to climb up and down the hill. But, Unreasonably and deliberately chose not to help or transfer Pamplin to address the problem. Then they all baselessly claimed the yard is a barrier free yard which caused Pamplin prolonged pain and more injuries.

In Pamplins Complaint he complained to Rambur and McCullah that his housing situation required him to walk up and down the hill and he was having difficulties walking and experiencing pain due to his medical condition. Pamplin further claim that Rambur and McCullah denied his request to be accommodated through transfer to a flat yard OR denied all Pamplins requests for help even a transfer to another unit on the yard. But, Both Claimed that the yard where he was housed is barrier free even though Pamplin had informed them of the problems posed by the hill. Within the screening the court found that the complaint adequately state that ~~that~~ Defendant Rambur And McCullah deliberately refused to accommodate Pamplins disability-related mobility needs and his ADA claim was allowed to proceed against both Candis Rambur And K. McCullah. Therefore, Pamplin was allowed to proceed on 2 claims against 2 Defendants.

II. Statement of Undisputed facts

On September 12, 2018 Pamplin was classified pursuant to a Settlement Agreement in a prior Civil Matter, to be transferred

From Ely State Prison to Warm Springs Correctional Center
Exhibit 1 Prior to his move Pamplin was Classified By Medical
To Be Restricted to a Barrier free yard OR Institution.
The Only limitation is that he could Not be housed at
High Desert State Prison. Upon Arrival at WSCC Pamplin
Kifed Medical Requesting a Transfer to a flat yard OR
Transfer me to the lower flat yard here at Warm Springs
But, Both RamboUR OR McCullah Denied all Pamplins
Request for both Transfers to a Lower yard here at
Warm Springs And A Transfer to another flat yard Prison
yet, Both RamboUR And McCullah States Warm Springs
IS a BARRIER free yard Clearly they Both are Untrue
Statements. On January 24, 2019 Pamplin was seen by
Medical. NO Evaluation was done with Ortho Rd in regards
to a drop foot brace which was Not done untill August
1, 2019 at NYNCC Pamplin Receive Drop foot Brace
Then On September 24, 2018 Pamplin file a grievance stating that
he has a flat yard restriction And he was in pain walking to
Chow hall And Pill Call up and down the Steep hill
In Response Nurse McCullah And Nurse RamboUR Again
lies Maken false Statement Concerning the hill at Warm Springs
Pamplin Was Only Trying to Stop his Pain And Suffering walk
Up And Down the hill Not Trying to dictate Pamplins
Placement within the NDOC as the Defendants States.
If The Nurses or Medical had done there Job we
Or Pamplin would Not had to file this Civil
Complaint.

Argument Opposing Summary Judgment

A - Pamplin is entitled to recover On his Eighth Amendment Claim. Rule 56(e) Itself Provides that a Party Opposing a Motion for Summary Judgment Must Set forth Specific facts Showing that there's a genuine issue for Trial. Estelle v Gamble 429 US 97 (1976) Clearly States A Prison official Violates the Eighth Amendment When he acts with deliberate indifference to a serious medical need of an inmate And the deprivation was serious enough to Constitute Cruel And Unusual Punishment. Here Pamplin Clearly Wrote Medical on Many Occasions Concerning this very important Matter. Exh#1 Entitled Medical Kite 9/18/18 Pamplin States he was in pain Walking up + down the steep hill. Pamplin also State to Medical that he's got a Flat yard Medical Restriction in his file And Then Ask Medical to Place him on the lower flat Part of the yard at WSOC or Transfer him to a flat yard. NO Response from Medical at all Exh#2 Entitled Inmate Request Kite 9/19/18 He Pamplin Again Write a kite to Caseworker Henley Stating his flat yard Restrictions And He's in great pain Walking up And down the steep hill Plus Ask to Transfer him to the lower yard or Transfer him to A flat yard to Relieve him of the pain And Suffering Caused by Walking up and down this steep hill. Again (Nothing is done) The Response is WSOC is A flat yard Pamplin is housed appropriately Exh#3 Entitled Inmate Request Kite dated 9/20/18 Pamplin Again Kite Caseworker Adams for help Adams response

15 & I dont Move inmates to Unit 1 or Unit 2
Pampin Clearly Made the Appropriate Request to Move
to the lower Part of WSOC Where the Yard is FLAT
OR Move him to A flat Yard And Again
Nothing is done And Pampin Continues to Suffer
Exh #4 Inmate Request Kite dated 10/15/18 After Bentley
Pampin Again States he's in great Pain And Suffering
Walking up and down this Hill. He States he's Wrote
Medical Yet Nothing is done to help. He Again ask
to Move to the flat part of WSOC to Relieve the
Pain And suffering Again CCS II respond 10/18/18
All of WSOC is Considered a flat yard

Clearly WSOC is Not A flat yard
Exh #5 Inmate Grievance Informal, first level And
Second level, Which On 9/25/18 RN K. McCullah
Respond to informal Grievance Stating Again WSOC is
A BARRIER free yard, And If you having difficulty
Walking due to Medical issues Please Kite
Which, R.N. McCullah Denied the first level
Deliberately Disregarding my Serious Medical issue
Which, I had Wrote Medical Kite's On 9/18/18
R.N. McCullah Clearly was aware of My Serious
Medical Needs yet refuse to help me. Again On
9/25/18 RN Rainbur Response to first level Grievance
Again States WSOC is Considered a Barrier free
yard. Again RN Rainbur, Clearly aware of my
Medical Needs yet Denied the Grievance Without

Given any Medical Affiliation Their Only Options agree
The Hand is Considered a Barrier (the Hand
NC Classification for Examples Drawbacks + Issues
Back Injuries. Both RN Rambur And RN McCallum
Purposely failed to respond to Examples serious
Medical injuries causing pain And suffering Plus
Other injuries to Patients Right Hippo power
back injuries. Both Rambur And McCallum able
B. Hand is utilized to conquer under the
American with Disabilities Act
The Rehabilitation Act RA. Hermatology / Orthopaedics
Gard F3D 1058 (9th Cir. 2010) Pursuant to ADA
No disabled individual shall by reason of disability
be excluded from participation in or denied the benefits
of exclusive functions or activities of public entity or be
subject to discrimination by any such entity. That
in or be denied the benefits of the Subsidies to
pursuant to handicapped condition for the excluded from participation
discrimination under any program of any activity. Randomly
thus he was excluded from going to Grow, Church And
Physical Handicap. Both RN Rambur And McCallum
Physically handicapped. Thus both have been released
Randomly to the lower part of the Flat yard as the well
but injure himself yet Both RN Nurses fail to
provide medical for that reason they violated ADA

C. Pamplin HAS Been Properly Reviewed
by Medical Practitioner

Pamplin Submits Exh# 6 Entitle Receipt of
Prosthetic Medical Device

1. Single Point Cane Dated 2/02/18
2. Right AFO Prosthetic Medical Device Dated 8/1/19
3. Orthopedic Mens Shoes Dated 3/22/19

There was a Medical Examination between Pamplin and the Provider which Made, OR deemed, that Pamplin was disabled and, had a great Need of These Medical Devices to Support his Walking Disabilities

Conclusion

Dombrowski 87 Set 1427 States Summary Judgment Will be denied If evidence is Controversied because When evidence is Controversied Assertions become Unprovable for Purpose of Motion for Summary Judgment Law. Both Defendants Claims they are Not liable because they Only Responded to the Grievances. But Both RN Rambur and RN McCullagh had full Knowledge of Pamplins injuries yet They Both Denied to help Denied to provide Medical Denied to even See Pamplin When Clearly Pamplin made Medical aware of the Pain and Suffering he was having Walking up and down the Steep hill Yet They Both Allege the yard in a flat yard D. Neither Defendant is Entitled to Qualified

Immunity. RN Rambue And K. McCullagh Both ARE Denied Summary Judgment On Pamplins Eighth Amendment And American with Disabilities Act Claims. Pamplin Was Not Treated APPROPRIATELY. Pamplin was suffering Great Pain And, Continues to Suffer great Pain in his lower Back And Right hip due to the lack OR Denied Treatment By these Defendants. Pamplin done the Proper Protocol by Writing the Caseworkers many time, Writing Medical Many Times. yet, Pamplin Was Denied Treatment Denied all Crys for help NO Assistance at All By the Defendants

Therefore It is Respectfully Requested that This COURT Deny the Defendants Motion for Summary Judgment

Exhibits

- 1) Medical Kites
- 2) Inmate Request Kite Dated 9/19/18
- 3) Inmate Request Kite Dated 9/20/18
- 4) Inmate Request Kite Dated 10/15/18
- 5) Grievance Informal, First, Second
- 6) Prosthetic Receipts
- 7) Pamplins Declaration

Dated this 26th Nov 2021

By John Q. Pamplin 74405
8 WSCC POB 7007
Carson City, NV 89702

EXHIBIT 1

Medical Kite

ON BACK

Dated 9/18/18

EXHIBIT 1

PRINT NAME:	<u>Pamplin John</u>			ID#:	<u>74405</u>
(Also print name and ID# at bottom of form where indicated)					
Institution:	<u>ESP</u>	Date submitted:	<u>9/18/18</u>		
Medical:	<input checked="" type="checkbox"/>	Dental:	<input type="checkbox"/>	Mental Health:	<input type="checkbox"/>
Nursing:				Other:	
Reason for request: (Describe below)					
<p>Yes, we walk up and down this hill 8,10,12 times daily. And there is great pain in my right hip and lower back. There's a flat yard medical restriction on file. Yet, OMD Classified me here knowing there's this hill. I can not continue to suffer in pain walking too Chaw & Pitt Call. either move me to this lower yard OR Transfer me to a flat yard. DO NOT WRITE IN AREA BELOW</p>					
Response to request:					
<p><u>1/24/19</u> <u>sun</u> <u>w</u></p>					
<input type="checkbox"/> Appointment Schedule for: / / Rescheduled for: / / <input type="checkbox"/> No visit necessary <input type="checkbox"/> No Show for Appointment <input type="checkbox"/> Refused to be seen. DOC 2523-Release of Liability signed					
PRESCRIPTIONS					
<input type="checkbox"/> KOP <input type="checkbox"/> NON-KOP <input type="checkbox"/> Order Date: / /					
PLAN					
<input type="checkbox"/> Follow-up appointment / / <input type="checkbox"/> Return if needed <input type="checkbox"/> No follow-up required					
Signature/Title of Provider / / Date / /					
NEVADA DEPARTMENT OF CORRECTIONS MEDICAL KITE and/or SERVICE REPORT					
NAME: <u>Pamplin John</u> Last: _____ First: _____ MI: _____ ID#: <u>74405</u> Unit/Cell#: <u>4B4</u>					

DOC 2500 (03/18)

11

81/4/18
Dunes respond to
request for

To: Healey

Dated 4/19/18
I made request for

7.191428

Exhibit # 3

Inmate Request Kite
Dated 9/20/18

To: Adams

Adams Respond On

9/21/18

INMATE REQUEST FORM

1) INMATE NAME <u>John S. Pamplin</u>	DOC # <u>74405</u>	2) HOUSING UNIT AND CELL <u>4B4</u>	3) DATE <u>9/19/18</u>
--	-----------------------	--	---------------------------

4) REQUEST FORM TO: (CHECK BOX)

 CASEWORKER MEDICAL EDUCATION VISITING LAUNDRY PROPERTY ROOM MENTAL HEALTH LAW LIBRARY SHIFT COMMAND OTHER _____ CANTEEN DENTAL5) NAME OF INDIVIDUAL TO CONTACT:
Ms Adams Henley6) REQUEST: (PRINT BELOW)
I have flat yard restrictions and I'm housed on this upper yard which I'm walking up and down 8, 10, 12 times daily in great pain either transfer to the lower units here OR Transfer me to a flat yard. OMD Should never put my on this hill knowing I've got this medical issues I'm in great pain Please help!7) INMATE SIGNATURE
John S. PamplinDOC # 744058) RECEIVING STAFF SIGNATURE

DATE

9) RESPONSE TO INMATE

WSCC is a flat yard. You are housed appropriately.

Yard

RESPONDING STAFF SIGNATURE
D. MillerDATE 9-24-18

INMATE REQUEST FORM

1.) INMATE NAME <i>Dawn D. Pamplin</i>	DOC # <i>74405</i>	2.) HOUSING UNIT <i>4B A1</i>	3.) DATE <i>9/20/18</i>
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- 4.) REQUEST FORM TO: (CHECK BOX)
- | | | | |
|--|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> CASEWORKER | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> CANTEEN |
| <input type="checkbox"/> EDUCATION | <input type="checkbox"/> VISITING | <input type="checkbox"/> LAW LIBRARY | <input type="checkbox"/> DENTAL |
| <input type="checkbox"/> LAUNDRY | <input type="checkbox"/> PROPERTY ROOM | <input type="checkbox"/> SHIFT COMMAND | <input type="checkbox"/> OTHER _____ |

5.) NAME OF INDIVIDUAL TO CONTACT: *Ms Adams*

6.) REQUEST: (PRINT BELOW)
*I'm willing to take any & all programs
 Just to move from this hill. It's very painful to walk up &
 down 8, 10 even 12 times daily to Court, P/C cell, Law library, Church.
 Please help me! I have flat yard restriction & Ant no
 way this yard is considered flat. Not upon this hill*

7.) INMATE SIGNATURE *Dawn Pamplin* DOC # *74405*

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

*I don't move inmates to unit 1 or unit 2
 Please let CCS Hilderbrand to see if you
 qualify for the Phoenix program. Attached is an
 app. for Re-entry (unit 1)*

10.) RESPONDING STAFF SIGNATURE *Adams* DATE *9/21/18*

Third Kite

INMATE REQUEST FORM

1) INMATE NAME <i>Pampolin John</i>	DOC # <i>74405</i>	2) HOUSING UNIT AND CELL <i>4B4</i>	3) DATE <i>10/15/18</i>
--	-----------------------	--	----------------------------

4) REQUEST FORM TO: (CHECK BOX)

 CASEWORKER MEDICAL MENTAL HEALTH CANTEEN EDUCATION VISITING LAW LIBRARY DENTAL LAUNDRY PROPERTY ROOM SHIFT COMMAND OTHER*Henley*

5) NAME OF INDIVIDUAL TO CONTACT:

Attention Henley!

6) REQUEST: (PRINT BELOW)

Yes, Mr Henley I'm a disabled with dropfoot Right Hip + lower back injuries And Walkin up and down this hill 12 to 14 times daily is causing me great pain and suffering. I've wrote medical Concering this issue Yet Nothing is being done So Move me to the flat part of the yard OR transfer me to NNCC Thanks in advance

7) INMATE SIGNATURE

*John Pampolin*DOC # *74405*

8) RECEIVING STAFF SIGNATURE

DATE

9) RESPONSE TO INMATE

All of WSCC is considered a SICK yard. If medical feels you need to transfer to NNCC they will advise your caseworker

RESPONDING STAFF SIGNATURE

D. H. CCSI

DATE

10-18-18

INMATE REQUEST FORM

1.) INMATE NAME <i>John D. Pamplin</i>	DOC # <i>74405</i>	2.) HOUSING UNIT <i>4B1</i>	3.) DATE <i>11/18/18</i>
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4.) REQUEST FORM TO: (CHECK BOX)	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> LAW LIBRARY
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> SHIFT COMMAND
<input type="checkbox"/> LAUNDRY	<input checked="" type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT
Affectionately Stg Johnson

6.) REQUEST: (PRINT BELOW)
*Due to my dropfoot medical issue. And
 The hip pain I'd like to try a pair of boots to support
 my walking disability And for the dropfoot Which Medical
 Should provide me with some proper supporting
 Shoes Anyways If possible a 11 1/2 Boot would work
 until medical makes a move.*

Thanks in advance Stg Johnson

7.) INMATE SIGNATURE
J.D. Pamplin DOC # *74405*

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

*BOOTS ARE ONLY GIVEN OUT
 TO CERTAIN WORKERS LEGALLY, I
 CANNOT ISSUE YOU BOOTS FOR MEDICAL
 REASONS.*

10.) RESPONDING STAFF SIGNATURE
Stg D DATE *11/20/18*

Exhibit # 4

Inmate Request Kite
Dated 10/15/18

To: Henley

Dancon Respond On
10/18/18

EXHIBIT 5

On Back

Inmate Grievance Report

Informal Grievance 9/14/18

First level Grievance 11/6/18

Second level Grievance 11/27/18

EXHIBIT 5



**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME PAMPLIN, JOHN D	NDOC ID 74405	TRANSACTION TYPE RTRN_INF	ASSIGNED TO RMCCULLAH
LEVEL IF	TRANSACTION DATE 10/10/2018	DAYS LEFT 5	FINDING Denied
USER ID BRHILL			
STATUS A			
INMATE COMPLAINT			
OFFICIAL RESPONSE			
Inmate Pamplin, WSCC is considered a barrier free institution. If you are having difficulty walking due to medical issues, please follow proper protocol by submitting a kile to be seen by a medical provider, and you will be scheduled accordingly. Grievance is denied. K. McCullah, R.N.			

Kem Cullahay
GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: OCT-10-18 10:42 AM

Page 1 of 1

PAMPLIN 111: Def. MSJ Exh. 7 - 001

Log Number 200603071940

NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCE

NAME: John R. Pamplin I.D. NUMBER: 174405

INSTITUTION: Warm Springs UNIT: 4B 4

GRIEVANT'S STATEMENT: Yes, I'm in pain due to long walk to chow and lift twice daily down hill going and up the hill back. Now, I've got a flat back restriction from the Doctor because of my injured right hip and lower back. Yet, NDOR classified me to this hill in violation to Doctor's

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: John R. Pamplin DATE: 9/14/18 TIME: 10:00 AM

GRIEVANCE COORDINATOR SIGNATURE: M.L. DATE: 9/14 TIME: _____

GRIEVANCE RESPONSE: _____

See attached, dated 10/10/18

CASEWORKER SIGNATURE: _____ DATE: _____

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

GRIEVANCE COORDINATOR APPROVAL: M.L. DATE: 9/18

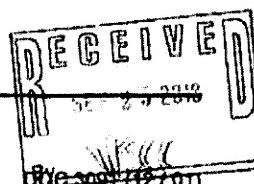
 INMATE AGREES INMATE DISAGREES

INMATE SIGNATURE: John R. Pamplin DATE: 10/19/18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

Rec'd 9/17/18
@ W.Springs 100



NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: John D Pamplin I.D. NUMBER: 74485

INSTITUTION: Warm Springs UNIT #: 4A

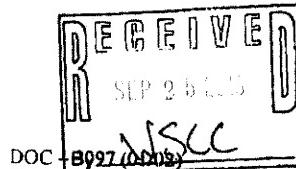
GRIEVANCE #: 1 GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

Strict Orders I'm requesting an immediate transfer to a flat yard to relieve me of the suffering and pain trying to walk too and from Chow hall a pill call twice daily up and down this hill. OR Ad Seg me so I don't have to further injure myself by walking these great distance without the medical drop foot brace which as of yet has Not been provided since the officer took it in 2013 Please help with this most important matter.

Thanks in advance

Original: Attached to Grievance
Pink: Inmate's Copy



Log Number 2006307940NEVADA DEPARTMENT OF CORRECTIONS
FIRST LEVEL GRIEVANCENAME: John D Pamplin I.D. NUMBER: 74905
INSTITUTION: WSCC UNIT: 4B4I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006307940, IN A FORMAL MANNER. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWEORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: Pamplin John DATE: 11/6/18WHY DISAGREE: Resubmitting First level, didn't provide all documentation which was not included in formal with Report Statement And First level with Longshore memo. Yes, she in great pain due to the long walk up and down the hill going to will call - Chas twice daily while we got a flat yard restriction.GRIEVANCE COORDINATOR SIGNATURE: DATE: 11/6/18FIRST LEVEL RESPONSE: See addendum, dated 11/17/18GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740WARDEN'S SIGNATURE: R. C. Canary TITLE: Warden DATE: 11/6/18GRIEVANCE COORDINATOR SIGNATURE: M.S. 16 DATE: 11/6/18INMATE AGREES INMATE DISAGREES INMATE SIGNATURE: John D Pamplin DATE: 11/27/18

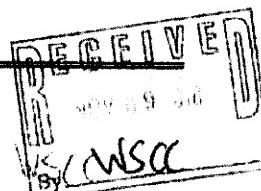
FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A SECOND LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance

Canary: To Grievance Coordinator

Pink: Inmate's receipt when formal grievance filed

Gold: Inmate's initial receipt

*Recd**11-7-18**H*

DOC 3093 (12/01)

PAMPLIN 111: Def. MSJ Exh. 7 - 005

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**State of Nevada
Department of Corrections**



INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO		
PAMPLIN, JOHN D	74405	RTRN_1	CLUCAS		
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
1	11/19/2018	4	Denied	BRHILL	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate Pampin, as stated in the answer in your informal grievance WSCC is considered a barrier free yard. We will schedule you with a provider to discuss your classification and need for a new AFO. If the provider agrees you need a new AFO, it will be submitted to the Utilization Review Committee for approval. If approved you will be scheduled with Ortho Pro and a new AFO will be ordered. Grievance denied.

GRIEVANCE RESPONDER

Report Name: NVRIGR
 Reference Name: NOTIS-RPT-OR-0217.4
 Run Date: NOV-19-18 02:00 PM

Page 1 of 1

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LOG NUMBER: 90863071940NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCENAME John Pampijn ID NUMBER: 74405INSTITUTION WSCC UNIT: 4B3I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 90863071940, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: John Pampijn DATE 11-27-18WHY DISAGREE: Submitting Second level with all documents to inform & Report Statement Attached And First level and memo I'm in great pain due to the long walk up and down this hill going to pull call and Chow twice daily which we got a flat yard restriction due to my injured right hip and kneeGRIEVANCE COORDINATOR SIGNATURE: Michael Kiley DATE 11-27-18SECOND LEVEL RESPONSE: _____

_____GRIEVANCE UPHELD: GRIEVANCE DENIED: ISSUE NOT GRIEVABLE PER AR 740/SIGNATURE: Michael Kiley TITLE: MD DATE: 2/19/19GRIEVANCE COORDINATOR SIGNATURE: Michael Kiley DATE: 2/19/19

INMATE SIGNATURE: _____ DATE: _____

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

Recvd11-28-18

DOC 3094 (12/01)

WSCC

PAMPLIN 111: Def. MSJ Exh. 7 - 007

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**State of Nevada
Department of Corrections**

INMATE GRIEVANCE REPORT

ISSUE ID# 20063071940

ISSUE DATE: 09/25/2018

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO		
PAMPLIN, JOHN D	74405	RTRN_L2	MMINEV		
LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
2	02/07/2018		Resolved	VAUSTIN	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Mr. Pamplin, Upon review of your Second Level Grievance and prior informal and First Level responses your Grievance is resolved. You recently saw the provider at WSCC. You discussed WSCC as a 'Barrier Free Yard'? The distance from Unit 4 to Culinary and Pill call is not greater than 200 yards. You can generally get your pills at the same time you get meals. He did put in a request for a new foot brace which UR has approved and you will be scheduled to see Ortho Pro, accordingly. You have also been prescribed medication for your pain management. I believe all of your concerns have been addressed and resolved.

Michael Kinney
GRIEVANCE RESPONDER

Report Name: NVRIGR
Reference Name: NOTIS-RPT-OR-0217.4
Run Date: FEB-07-19 02:59 PM

Page 3 of 4

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PAMPLIN 111: Def. MSJ Exh. 7 - 006

NEVADA DEPARTMENT OF CORRECTIONS
GRIEVANT'S STATEMENT CONTINUATION FORM

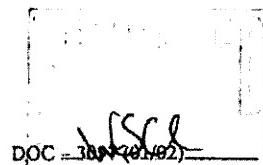
NAME: Pamplin I.D. NUMBER: 74485
 INSTITUTION: WSOC UNIT #: U41B3
 GRIEVANCE #: 20063071940 GRIEVANCE LEVEL: Second

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

back yet NDOC Classified me to this prison with a Steep hill in Violation of the doctors orders am requesting a immediate transfer to a flat Prison yard which would relieve me of the suffering and pain of daily walking up & down this hill Also provide me with a dropfoot brace which The doctor has approved As of date we Not receive a dropfoot brace to support my walking disability Clearly there a Steep hill here at WSOC which is causing great pain and Suffering And Please provide me with the dropfoot brace Plus shoes to help support my walking disabilities

Thanks in advance

Original: Attached to Grievance
 Pink: Inmate's Copy



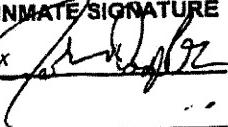
20

1. Hand Print Card Dated 12/18
2. Right AFO Postoperative Medical Device
3. Orthopedic MAs Shoes Dated 3/20/20
Medical Devices
GUTHRIE RECEIPTS OF POSTOPERATIVE
19143

Returnable Items:

You are being given a prosthetic or medical device that is the property of Nevada Department of Corrections. Abuse, misuse, or loss of the device will be your responsibility. You will be responsible for replacement of the device at your own expense if it is not returned after use.

I have received the following RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. Single point cane	WSCC	02/02/18		Greenew
2.				
3.				
4.				
5.				

Non-Returnable Items:

I have received the following NON-RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1.				
2.				
3.				
4.				
5.				

NEVADA DEPARTMENT OF CORRECTIONS

NAME: Pamplin, John MIID# 74405
**RECEIPT FOR
PROSTHETIC/MEDICAL DEVICE**

Reference Medical Directive #410

DOC 2522 (03/17)

Returnable Items:

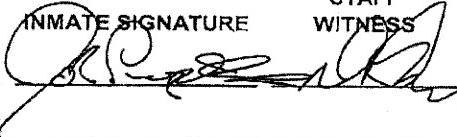
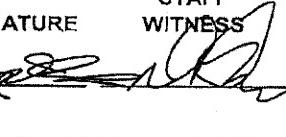
You are being given a prosthetic or medical device that is the property of Nevada Department of Corrections. Abuse, misuse, or loss of the device will be your responsibility. You will be responsible for replacement of the device at your own expense if it is not returned after use.

I have received the following RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Non-Returnable Items:

I have received the following NON-RETURNABLE item(s):

ITEM / TYPE / ID#	ISSUING INSTITUTION	DATE	INMATE SIGNATURE	STAFF WITNESS
1. Right AFO	NNCC	8-1-19		
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

NEVADA DEPARTMENT OF CORRECTIONS

NAME: Pamplin John
 Last First MI

**RECEIPT FOR
PROSTHETIC/MEDICAL DEVICE**
ID# 74405

74405

OrthoPro Carson City
415 W. Sophia Street Ste 200
Carson City, NV 89703-8815
(775) 841-0660

Quote # 26792
Date 03-22-19

Bill To:
Hometown Health/DOC
PO Box 981763
El Paso TX 799981703

Provided To:
John Pamplin
PO Box 7000
Carson City NV 89702

Diagnosis Code : M21.371

SRV FROM	QTY	ITEM	DESCRIPTION	FEE	TOTAL
03-22-19	1	L1960 RT	Afo pos solid ank plastic mo	686.13	686.13
03-22-19	1	L2820 RT	Soft interface below knee se	107.50	107.50
<u>03-22-19</u>	<u>2</u>	<u>L3219 RT LT</u>	<u>Orthopedic mens shoes oxford</u>	<u>70.00</u>	<u>140.00</u>
03-22-19	2	L3040 RT LT	Ft arch suprt premold longit	45.60	91.20
				Subtotal	1024.83

Total	:	1024.83
Discount	:	265.45
Total Due	:	759.38

NOTE
ID : 0000074405

noted/clear
copy to D/R

09/09/19
sub

Certificate of Service

I Certify that I am the Plaintiff And that
on this 29th Day of Nov 2021 I Cause to
be Served A True and Correct Copy of the
foregoing Opposition to Defendants Summary
Judgment by Placen it in US Mail

To Clerk of US District
400 S. Virginia St Room 301
Reno, NV 89501

By John L. Lamphier

Pampolin, John 74405
WJSCC POB 7007
Carson City, NV
89702
Mail Out
11/29/20

OFFICE OF THE ATTORNEY GENERAL
LAS VEGAS, NEVADA

DEC 06 2021

ADMINISTRATION

Douglas Kands.
555 E. Washington
Las Vegas, NV
89101

Legal
Confidential

View Me @ White A Fissioner.com
11/29/2021 08:58:53 AM

19 yrs Actually Innocent of All Elements of 1st Degree Murder
Due to Fundamental Miscarriage of Justice, Shefiede Counsel
Racism And fraud

Seeking legal And
Moral Support

Please Post My Story Online Show the World Judicial Racism in Nevada

Pampolini John THHNS
WSCC PDB 7007
Carson City, NV
89702 Mail Out 1/7/22

FIRST-CLASS MAIL
quadrant
01/12/2022 \$001.760
US POSTAGE

U.S. Fed District Court Clerk
400 S. Virginia St Room #301
Reno, NV 89501

ZIP 89701
041M12254125

REGULAR MAIL
CONFIDENTIAL

XRAYED US MARSHALS

3714

Nicole McWhite A Prisoner.com

19 yrs Actually innocent of 1st Degree Murder
See Pending Habeas @ 8th District Clark County, N.V.
Case # A 18779247-W

Please Post My Information Online
Show The Racism And Evilness In N.V. Justice System

